

REMARKS

Reconsideration of this application is respectfully requested.

The rejection of dependent claims 54 and 55 as being indefinite is traversed. Independent claim 53 refers to removing a surface peripheral vein needle after determination has been made that the blood being withdrawn through the needle is insufficient to treat the blood. Dependent claims 54 and 55 define the needle and amount of blood drawn through the needle. Dependent claims 54 and 55 are not inconsistent with claim 53 because all recite the same needle.

The rejection of claims 53 to 55 and 59 as being obvious over Truitt et al (U.S. Patent No. 5,910,252) in view of Glantz (U.S. Patent No. 5,5,749,835) is traversed.

Truitt does not suggest or teach peripheral vein access. Truitt discloses a blood treatment system that appears to access a central vein. *See* Truitt Fig. 1 (lines 33, 34 attach to torso of patient). Central vein access has traditionally be used to provide the large volume of blood used for ultrafiltration, hemofiltration and hemodialysis blood treatments. *See e.g.*, 6,685,664 (Background of the Invention). Central venous access lines tend to be much too large for peripheral vein access. It would be counter to such traditional blood treatment systems to rely on a narrow peripheral blood catheter to withdraw blood. It would have been counter-intuitive to use a narrow peripheral catheter tube to access a central vein. Truitt does not teach a method in which blood is first withdrawn from a surface peripheral vein, or a method in which a determination is made that the amount of blood through the surface needle is inadequate and thereafter a catheter is inserted into a peripheral vein of the patient to “one of a large vein, great vein or vena cava to access a reservoir of blood for continuous blood withdrawal.”

Glantz discloses a method for locating a tip of a catheter in the heart of a patient. Glantz does not teach peripheral vein insertion of a catheter to withdraw blood, or a method that

includes a determination that a peripheral vein needle is insufficient for blood withdrawal and thereafter the insertion of a catheter to withdraw blood. There is no suggestion in Glantz to use a PICC catheter to withdraw blood into the Truitt blood treatment system. Glantz does not suggest that a narrow peripheral catheter is suitable for blood withdrawal in an ultrafiltration system, that a PICC catheter may be used to access large vein to avoid vein collapse or that a PICC catheter should be inserted after determining that a surface peripheral needle provides inadequate blood flow. There is no suggestion or motivation evident from the prior art to use a PICC catheter to withdraw blood from a central vein as a substitute for a peripheral catheter that accesses just a peripheral vein.

The rejection of claims 55 to 58 as being obvious over Truitt in view of Glantz is traversed for the same reasons as stated above for the patentability of claim 53. Further, the additional reference Jaski et al. is a 2003 reference and is not prior art to this application that claims priority to a June 8, 2001, application. *See* Preliminary Amendment, p. 2 (Aug. 26, 2003).

Jaski et al is evidence of non-obviousness. In the Conclusion in the Abstract, Jaski et al state that: "Rapid removal of extracellular and intravascular fluid volume excess can be safely achieved via peripherally inserted ultrafiltration without the need for central venous catheter placement." The background of the Abstract also states that "Use of conventional systems, however, may be cumbersome, requiring physician placement of double-lumen central venous catheter ..." Accordingly, Jaski et al teaches that central venous catheters are conventional and that peripheral vein access for ultrafiltration was a relatively new technique at the time that this application was filed.

All claims are in good condition for allowance. If any small matter remains outstanding, the Examiner is requested to telephone applicants' attorney. Prompt reconsideration and allowance of this application is requested.

Respectfully submitted,

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